**Youth Mentoring Service**

The Altering Group

[www.thealteringgroup.co.uk](http://www.thealteringgroup.co.uk)

020 3538 5877

 contact@thealteringgroup.co.uk

**Professional Referral Form**

**\***Mandatory fields – please note we may be unable to accept referrals without all mandatory information

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| --- |
| **Referrer Details** |
| **\*Client consented to referral:** [ ] **Yes** [ ]  **No** | **\*Date of referral:** |
| **\*Referrer name:** | **\*Referrer role:** |
| **\*Referrer organisation:** | **\*Organisation address:** |
| **Referrer telephone:** | **\*Referrer email:** |
| **Young Person’s Details** |
| **\*First name:** | **\*Surname:** | **\*Address:****\*Postcode:** |
| **Preferred pronouns:**  | **\*DOB:** |
| **Contact email:** | **Contact number(s):**  |
| **Emergency contact name:** | **Emergency contact relationship:** |
| **Emergency contact number:** | **Registered GP Surgery:** |
| **GP Surgery Address:** | **Education Setting:** |
| **Demographic Information** |
| **Gender:** | **Ethnicity:** | **Sexuality:** | **Religion:** |
| **\*Disability:** [ ] **Yes** [ ]  **No** [ ]  **Unknown** | **Disability (specify):** |
| **Access requirements:**  |
| **Referral Information** |
| **Reason for referral & current challenges for Young Person:**Please provide details of client’s current challenges, circumstances or concerns. **Relevant history:**Please include any significant diagnosis and history of difficulties.**Current medication:****Any additional information:** |
| **Please select all applicable challenges below for the Young Person:** |
| [ ]  **Ability to avoid dangers/hazards** | [ ]  **Anger** |
| [ ]  **Anxiety** | [ ]  **Community linkage of services** |
| [ ]  **Daily living skills** | [ ]  **Depression** |
| [ ]  **Grief** | [ ]  **Housing** |
| [ ]  **Hygiene** | [ ]  **Impulsive behaviours** |
| [ ]  **Juvenile justice/Court involvement** | [ ]  **Life skills** |
| [ ]  **Maintaining personal affairs** | [ ]  **Medication education** |
| [ ]  **Nutritional** | [ ]  **Phobia/s** |
| [ ]  **Safe living situation** | [ ]  **School behaviour** |
| [ ]  **Self-advocacy skills** | [ ]  **Self harm** |
| [ ]  **Separation issues** | [ ]  **Social skills** |
| [ ]  **Trauma** | [ ]  **Truancy** |
| [ ]  **Whole health/Wellness** | [ ]  **Youth to young adult transition** |
|  **Other:**  |
| **Other Service Involvement** |
| **Is the client receiving any other support/services (list services):**Please include all current services the client is open to.**Is the client open to secondary care services (list services):** |
| **Risk Information** |
| **Any known risk concerns:** [ ] **Yes** [ ]  **No**  | **Any known safeguarding concerns:** [ ] **Yes** [ ]  **No**  |
| **Please provide information on any known risk/safeguarding concerns:****Measures in place to manage risk/safeguarding concerns:** |